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There are no restrictions pertaining to race of the potentially eligible recipient of services.

RECIPROCAL REFERRAL SERVICES:

The Rhode Island Department of Social Welfare will refer to the Division of Child Health such persons who may appropriately be served by that agency. The Division of Child Health will accept such referrals and will make prompt arrangements to provide a comprehensive review and evaluation of the needs of such persons and will thereafter provide whatever services the agency is able to provide in accordance with its established scope of services and its usual agency criteria. The Division of Child Health will refer to the Rhode Island Department of Social Welfare those persons who are in need of medical care or services whose needs can be more appropriately met under the provisions of the Medical Assistance Program. The Department of Social Welfare through its Division of Public Assistance will make prompt arrangements to interview and/or evaluate such persons and will provide whatever direction, assistance, and services that are usually available to eligible recipients within the established scope of services of the Title XIX Program.

HOSPITAL SERVICE:

In regard to the Maternity and Infant Care Project at St. Joseph's Hospital, the Division of Public Assistance is meeting the hospital care costs for mothers and their newborn who are eligible for medical benefits under Title XIX and are included within the scope of the Maternity and Infant Care Project. (1)

DENTAL SERVICE:

All patients who are eligible for Title XIX dental care will be given a free choice of dentist when they are referred for dental treatment by the MIC Project.

- (1) This arrangement will continue on a temporary basis - until such time as the financial posture of the MIC Project improves.

T. R. SA APPROVED 11/17/80 NO APPROVED

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In all cases involving mutual responsibility there will be an exchange of information and reports of progress. This cooperative interchange will serve to avoid duplication of services and the possibility of duplication of payment for the same by both agencies involved.

When one agency makes a referral to the other agency, the referring agency will forward all pertinent facts relating to the individual being referred to the accepting agency. The agency accepting the referral will in turn provide a report of all services which have been provided to the person for medical care or services.

PROGRAM CONTENT OF THE DIVISION OF MATERNAL AND CHILD HEALTH:

(A comprehensive report is attached for review)

As a result of the type of working agreement outlined in the preceding paragraphs - whereby the Rhode Island Department of Social Welfare has agreed to provide payment for supplementary medical services required by those eligible Medical Assistance recipients - the Division of Maternal and Child Health will be in a more advantageous position to utilize more effectively its limited Federal and State appropriations in serving a larger number of eligible individuals.

This agreement is to become effective January 1, 1968. It will be evaluated jointly by the two State agencies on a periodic basis and not less frequently than annually.

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_

Augustine W. Riccio  
Director of Social Welfare

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_

Joseph Cannon, M.D.  
Director of Health

Effective 1/1/68 12/15/36

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RHODE ISLAND DEPARTMENT OF HEALTH

DIVISION OF CHILD HEALTH

ATTACHMENT I

OBJECTIVE:

To promote personalized, quality family planning services to the economically disadvantaged of low income and low levels of general health care.

SUBSTANTIATION:

The Rhode Island Department of Health, (Division of Child Health) has been mandated to deliver medical services for family planning as a segment of comprehensive medical care to the women and children of our state. At present, the Division of Child Health supports and funds eight clinics throughout the state and services in excess of 17,000 patients.

DEFINITION OF SERVICE:

The medical services provided at our family planning clinics specifically include:

1. A manual examination of the breasts with referral to radiographic examination, if indicated.
2. Visualization of the lower genital tract, with Papanicolaou smear.
3. Referral for biopsy of cervix, if indicated.

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28/11/74  
Effective

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4. Bi-manual pelvic examination.
5. Recording of weight and blood pressure.
6. Urinalyses
7. Referral for indicated laboratory tests, such as urine, hemoglobin or hemocrit, and other special examinations, if indicated by physical examination on directive of the physician.

8. Venereal Disease Testing:

Bloods are drawn for syphilis testing and a vaginal smear with culture medium is used for all patients 35 years or younger. If disease is diagnosed, treatment or referral for treatment is made.

MODES OF CONTRACEPTIVE SERVICES:

- Oral Contraceptives
- Intra-Uterine Devices
- Diaphragm and Contraceptive Jelly
- Condoms
- Spermicidal Foams
- Rhythm

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Effective 10/1/20

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METHODS OF PROVIDING SERVICES:

PROCEDURES:

An appointment is generally required. Clinic hours are scheduled during days and evenings (including Saturdays) as dictated by the needs of the community served.

Patients are interviewed by staff members of the clinics with social service training and a social and medical history is recorded. Patients are orientated to medical services offered through the family planning clinics.

Clinical personnel procure and record height, weight, blood pressure, urinalyses, a nurse draws blood for VD testing. The patient is then examined by a physician which includes a breast and pelvic examination, Papanicolaou smear, GC culture, and prescription of desired method. Additional oral and written instructions may be given by the nurse if necessary.

After this initial visit, patients who elect oral contraceptives are given an appointment to return in 6-months for a pelvic and breast exam and a Pap smear and thereafter are scheduled for annual visits.

Patients who elect intra-uterine devices are given an appointment for a one month check-up. Thereafter they are scheduled for annual visits.

Patients who elect other methods are given appointments for annual examinations.

S. R. J. SA APPROVED 11/1/80  
active 9/1/80 SA APPROVED 12/15/80

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All patients are instructed to telephone their clinic in the event they have any questions or problems and are assured that they will be seen as often as necessary if they have any problems which require medical attention.

Minor medical problems are treated at the clinic, referrals are made for conditions requiring other treatment.

I. B. A. 11/17/20 RD Approved 12/15/20  
inactive 11/18/20

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF HEALTH

DIRECTOR OF HEALTH  
JOSEPH E. CANNON, M.D., M.P.H.

Division of Dental Public Health

December 8, 1967

Dr. P. Joseph Pesare  
Medical Director  
Rhode Island Department of Social Welfare  
1 Washington Avenue  
Providence, Rhode Island

Dear Dr. Pesare:

This letter is in confirmation of the discussion which Dr. Brown and I had with you and your representatives at your office on Monday, November 27, 1967, regarding dental work on Title XIX - eligible patients who are participating in the Maternity and Infant Care Program (MIC Program) at St. Joseph's Hospital.

- (1) All patients who are eligible for Title XIX dental care will be given a free choice of dentist when they are referred for dental treatment by the MIC Program.
- (2) In keeping with the established policy of the Department of Social Welfare, requests for authorization for dental work will be submitted to the Office of Medical Service by the private dental practitioner.
- (3) The private dental practitioner will be asked to note on the face page of the application for authorization the words Maternity and Infant Care Program Patient (or MICP Patient) - St. Joseph's Hospital.
- (4) In view of the fact that patients on the MIC Program are eligible for treatment only during their pregnancy and for a six months period postpartum, special attention will be given to work authorization requests for these patients by the Office of Medical Service. Work authorizations will be acted upon and the decision reached from such action transmitted to the practicing dentists by the Office of Medical Service within a two week period after receipt of the application for authorization.

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RM APPROVED

Dr. P. Joseph Pesare

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December 8, 1967

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- (5) Each case will be screened by Dr. Edward Brown, Dental Consultant to the Maternity and Infant Care Program, or his representative, and recommendations transmitted to your office.
- (6) The MIC Program will notify the Office of Medical Service when any MIC Program patient is discharged from the program. It is understood that when the patient is no longer eligible for care under the MIC Program, preferential processing of authorizations for that patient will automatically cease.

It is with great pleasure that we have been able to work out this very liberal policy with the Department of Social Welfare. I'm certain I reflect the sentiments of the dental practitioners when I express to you my personal gratitude for your understanding of our problem with the MIC Program patients and your willingness to assist us. With kindest personal regards, I am

Sincerely,

Joseph A. Yacovone, D.M.D., M.P.H.  
Chief, Dental Public Health

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C/C: Dr. John Hogan  
Dr. Robert Barone  
Dr. Edward Brown  
Mrs. Bonnie Houle

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Effective 10/1/80 AS APPROVED 12/15/80



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Social and Rehabilitative Services  
OFFICE OF THE DIRECTOR  
600 New London Avenue  
Cranston, R. I. 02920

December 3, 1976

Joseph E. Cannon, M.D., M.P.H.  
Director  
Department of Health  
Davis Street  
Providence, Rhode Island

Dear Dr. Cannon:

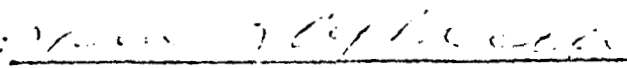
This is in response to your request for verification that both the Washington County Health Center and Northwest Community Health Centers participate in the Rhode Island Title XIX Medical Assistance Program.

Both of these facilities receive reimbursement for physicians services provided eligible Title XIX recipients in accordance with the established fee schedule allowances of \$10.00 for an initial visit and \$8.50 for follow-up visits. Both facilities also receive a \$20.00 allowance for Early and Periodic Screening, Diagnosis and Treatment examinations provided eligible recipients of the Rhode Island Medical Assistance Program under 21 years of age. It should be noted that this special allowance of \$20.00 is based upon the completion of a comprehensive examination and the submission of a fully completed extensive report form which has been developed by the Department of Social and Rehabilitative Services.

We are most pleased that these facilities are able to serve eligible recipients of the Rhode Island Medical Assistance Program in general and the EPSDT Program in particular.

With best wishes, I am

Sincerely yours,

  
John J. Affleck  
Director

JJA:vah

